

Health Department, City of Baltimore.

Permit No. 99882 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1887.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Howard T. Walker

Sex, Male or Female, Cross out the word not required in this line. Male

Age, — Years, one Months, — Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, —

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Give Street and Number. #570 S. Patterson Park Av.

Cause of Death, First (Primary), Second (Immediate), Inflammatory diarrhoea

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19/887 A. S. Warner M. D.

Undertaker, or, Robert T. Walker Medical Attendant.

Place of Business, 570 P. Park Av Address, Bank & 2nd St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

99883

Office of Registrar of Vital Statistics.

Ward

15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17th 1897

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rebecca W Richardson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

female

Age,

55

Years,

Months,

Days.

Color,

Redd

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

M. d

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

{ Give Street and Number. }

144 York Street

Cause of Death,

{ First (Primary),

Second (Immediate),

Heart disease

Duration of Last Sickness,

7 Days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

May 19th 1897

Undertaker,

H. Ross

James Stewart M. D.

Place of Business,

Conway St. Address,

Conway St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. B. Seward J. D.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

99884

Office of Registrar of Vital Statistics.

Ward

34

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thamer S. Taylor.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Brick layer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give Street and Number. } Baltimore University Hospital, N. Bond St.

Cause of Death, { First (Primary), Second (Immediate), } Injury
Aphroea.

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, May 19th / 88

Undertaker, Geo. Pinckney H. L. Henry M. D.

Place of Business, Health Office Address, Baltimore University N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 99880 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry C. Durdin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 Years, 5 Months, 14 Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 703 N. Fremont Ave

Cause of Death, { First (Primary), Second (Immediate), } Acute Tuberculosis

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 19th 1887

Undertaker, Samuel H. Free M. D. Medical Attendant.

Place of Business, 208 S. Broadway Address, 809 N. Arlington Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99886 Office of Registrar of Vital Statistics. Ward 10²

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph L. McNeal

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, Years, Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 109 N. Pocahontas

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 109 N. Pocahontas

Cause of Death, { First (Primary), Second (Immediate), } Malnutrition
& pneumonia
embolus 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20, 1887

{ Undertaker, B. Harle } M. D.

{ Place of Business, 115 West St. } Address, 80 W. Thacker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 99887 Office of Registrar Statistics. Ward 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 18th 1887

Full Name of Deceased, Robert Abram McNeal
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 8 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, 109 N. Poca St
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, 109 N. Poca St
{ Give Street and Number. }

Cause of Death, Malnutrition
{ First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20, 1887

{ Undertaker, Be Harle } W. D. C. M. D.

{ Place of Business, 115 West St. } Address, 18 W. 1st St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99888 Office of Registrar of Vital Statistics. Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 - 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Cooper

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balw.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1618 E. Balw St.

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria Laryngeal
Asphyxia
4 days

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Russian Congregation

Date of Burial, May - 19 - 89

{ Undertaker, J. Brown & Co } _____ M. D.

{ Place of Business, 626 N. Balw St } _____ Medical Attendant.

{ Address, 4. St. E. Balw St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99889 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GIVEN WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry L. Seeto.

Sex, Male ☒ Female ☐ { Cross out the word not required in this line. }

Age, 11 Years, 3 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Auto City ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, 1020 Sharp St.

Place of Death, { Give Street and Number. } 1020 Sharp St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebro Spinal Meningitis

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, May 20th 1887

Undertaker, Julius Koehler R. J. H. Tall. M. D. Medical Attendant.

Place of Business, Sharp Cross Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

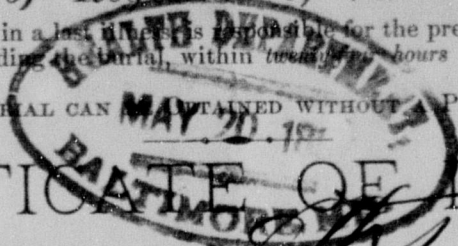
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 99890 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 17 1884

Full Name of Deceased, Mary Smith {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female, {Cross out the word not required in this line.}

Age, 10 Years, 6 Months, — Days.

Color, White ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Batterboard

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2832 E. 4th St. Elliott

Cause of Death, {First (Primary), Second (Immediate),} Cirrhosis of Liver

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 20th 1884

{ Undertaker, John C. Schuch E. J. Williams M.D. Medical Attendant.

{ Place of Business, 1735 Alice Ave Address, 2826 E. 4th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 99891 Office of Registrar of Vital Statistics.

Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19, 1889

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Lavinia Ensor

Sex, ~~Male~~ or Female, ^{Cross out the word not required in this line.} Female

Age, Seven (7) Years, Ten (10) Months, Fourteen (14) Days

Color, White

Married, Single, Widow or Widower, ^{Cross out the words not required in this line.} Single

Occupation, None

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, ^{Give Street and Number.} No. 627 N. Bond St.

Cause of Death, ^{First (Primary),} Parotitis

^{Second (Immediate),} Meningitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood

Date of Burial, May 21/89

Undertaker, Wm. S. Key

Place of Business, 314 N. Bond St. Address, No. 418 N. Bond St.

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]